

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 587409

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3				1		
4						
5		1				
6						
7						
8						
9						
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11						
12						
13						
14						
15						
16						
17						
18	1		1			
19		1		1		
20		1				
21			1			
22				1		
23	1		1			
24	1		1			
25						
26	2					
27	2					
28	0					
29	0					
30	0					
31	6					
32	0					
33	1		1			
34	1					
35	2					
36	1					
37	0					
38	0					
39						
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41						
42						
43						
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46						
47						
48						
49						
50						
TOTAL IND.			5			
TOTAL DEP.			33			
TOTAL CLAIMS			38			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						